POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).									
I hereby appoint:									
Practitioners associated with the Customer Number:			er:	20350					
OR									
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):									
	Name		Registratior Number			ame			Registration Number
<u> </u>	-			_					
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L co ottornov	a) ar agant(a) ta	represent the undersigned hef	ore the United	States	Patent and Tradema	rk Office	(LISPTO) i	n conn	action with
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).									
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:									
The address associated with Customer Number: 20350									
OR									
Firm or Individual Name									
Address									
City	City		State	State			Zip		
Country									
	Telephone			Email					
Теюрпо									
Assignee Name and Address:									
St. Francis Medical Technologies, Inc.									
1900 Bates Avenue, Suite L									
Concord, CA 94502									
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be									
filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee,									
and must identify the application in which this Power of Attorney is to be filed.									
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee									
Signature	1	THE Y				Date	05	291	07.
Name	David M. Sha	W W				Telepho		-54	y. blob
Title	Secretary			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		V-	· · · · ·	